

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966643	(X3) DATE SURVEY COMPLETED 06/08/2017
NAME OF PROVIDER OR SUPPLIER THERESA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 485 MAPLE WAY SAFETY HARBOR, FL 34695	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced extended congregate care (ECC) monitoring visit was conducted on 6/8/17. The Theresa Home, Assisted Living Facility, had no deficiencies at the time of the visit. (License # 10785)		